

## ICMJE DISCLOSURE FORM

Date: Aug. 15<sup>th</sup>, 2021

Your Name: Huihui Zhao

Manuscript Title: Clinical manifestation and GAA mutation characterization of a cohort of patients with late-onset Pompe disease in Eastern China

Manuscript number (if known): ATM-21-3710-R1

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

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Please summarize the above conflict of interest in the following box:

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Date: Aug. 15<sup>th</sup>, 2021

Your Name: Zhi Ma

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Date: Aug. 15<sup>th</sup>, 2021

Your Name: Zixuan Ying

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## ICMJE DISCLOSURE FORM

Date: Aug. 15<sup>th</sup>, 2021

Your Name: Fengnan Niu

Manuscript Title: Clinical manifestation and GAA mutation characterization of a cohort of patients with late-onset Pompe disease in Eastern China

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## ICMJE DISCLOSURE FORM

Date: Aug. 15<sup>th</sup>, 2021

Your Name: Maotao Luo

Manuscript Title: Clinical manifestation and GAA mutation characterization of a cohort of patients with late-onset Pompe disease in Eastern China

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Date: Aug. 15<sup>th</sup>, 2021

Your Name: Zheng Wang

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Date: Aug. 15<sup>th</sup>, 2021

Your Name: Qiangian Zhang

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Your Name: Qi Niu

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